

Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515	Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510
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SECRETARY OF THE SENATE
04 AUG 20 PM 1:21

LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

1. Registrant Name National Rural Health Association			
2. Address <input type="checkbox"/> Check if different than previously reported 1307 Duke Street			
3. Principal Place of Business (if different from line 2) Alexandria VA 22314 City: State/zip (or Country)			
4. Contact Name Alan Morgan	Telephone (703) 519-7910	E-mail (optional) morgan@nrharural.org	5. Senate ID #
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # 34931000

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) OR Year End (July 1-Dec)

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report ⇌ Termination Date _____ 11. No Lobbyin

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13	
12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting period were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input type="checkbox"/> ⇌ \$ _____ Income (nearest \$20,000)	\$10,000 or more <input checked="" type="checkbox"/> ⇌ \$ <u>140,000.00</u> Expenses (nearest \$20,000)
Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).	14. REPORTING METHOD. Check box to indicate ex- accounting method. See instructions for description of op
	<input type="checkbox"/> Method A. Reporting amounts using LDA definitic
	<input checked="" type="checkbox"/> Method B. Reporting amounts under section 6033(Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 162(e Internal Revenue Code

Signature


Date 8/10/2004

Registrant Name National Rural Health Association Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which t engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each c information as requested. Attach additional page(s) as needed.

15. General issue area code HCR (one per page)

16. Specific lobbying issues

S.2369/H.R.4357
S. 1142/ H.R. 4622
S. 11
S. 2302/H.R. 4156
H.R. 4453
S. 1883/H.R. 3668


17. House(s) of Congress and Federal agencies contacted Check if None

U.S. House of Representatives
U.S. Senate
Executive Office of the President
U.S. Department of Health and Human Services

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Alan Morgan	
Greg Lynskey	

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature  Date 8/10/2004

Printed Name and Title Alan Morgan, VP, Government Affairs and Policy

Registrant Name National Rural Health Association Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the client was engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code and information as requested. Attach additional page(s) as needed.

15. General issue area code MMM (one per page)

16. Specific lobbying issues

S. 2426
H.R. 4902
H.R. 4687
H.R. 1

17. House(s) of Congress and Federal agencies contacted Check if None

U.S. House of Representatives
U.S. Senate
Executive Office of the President
U.S. Department of Health and Human Services

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Alan Morgan	
Greg Lynskey	

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature  Date 8/10/2004

Printed Name and Title Alan Morgan, VP, Government Affairs and Policy

Registrant Name National Rural Health Association Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the client was engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code as requested. Attach additional page(s) as needed.

15. General issue area code BUD (one per page)

16. Specific lobbying issues

S.Con.Res. 95

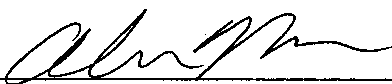
17. House(s) of Congress and Federal agencies contacted Check if None

U.S. House of Representatives
U.S. Senate
Executive Office of the President
U.S. Department of Health and Human Services

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Alan Morgan	
Greg Lynskey	

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature  Date 8/10/2004

Registrant Name National Rural Health Association Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which t engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each c information as requested. Attach additional page(s) as needed.

15. General issue area code VET (one per page)

16. Specific lobbying issues

H.R. 3777
H.R. 2379


17. House(s) of Congress and Federal agencies contacted Check if None

U.S. House of Representatives
U.S. Senate
Executive Office of the President
U.S. Department of Health and Human Services
U.S. Department of Veterans Affairs

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Alan Morgan	
Greg Lynskey	

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature  Date 8/10/2004

Printed Name and Title Alan Morgan, VP, Government Affairs and Policy

Registrant Name National Rural Health Association Client Name _____

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

21. Client new principal place of business (if different from line 20)

City _____ State/Zip (or Country) _____

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

ISSUE UPDATE

24. General lobbying issues previously reported that **no longer** pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Business (city and state or country)

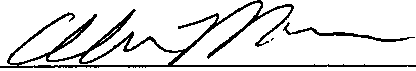
26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

28. Name of each previously reported foreign entity that **no longer** owns, **or** controls, **or** is affiliated with the registrant, affiliated organization

Signature  Date 8-10-2004

